

# Jamison High School

## SCHOOL ACTIVITY / EXCURSION INFORMATION CONSENT FORM / PAYMENT OPTIONS

Below are details of a school activity/excursion involving your child. Please read the details and return the permission slip as indicated below.

NAME OF ACTIVITY:	SYDNEY TOWER DINING
EXCURSION/ACTIVITY REFERENCE NUMBER:	205599 (to be used if making an online payment)
DAY & DATE:	DAY: TUESDAY DATE: 17/10/2018
DESTINATION / VENUE:	SYDNEY TOWER, WESTFIELD SYDNEY
CONTACT / SUPERVISING TEACHER:	Miss Kelly
COST:	\$45 plus train fare
METHOD OF TRANSPORT:	Train from Pennant Station
STARTING & FINISHING TIMES:	START: 8 AM Approx FINISH: 4 PM Approx
UNIFORM / EQUIPMENT REQUIRED:	Full school uniform, LEATHER ENCLOSED SHOES MUST BE WORN.
ADDITIONAL INFORMATION:	

### General Information:

(a) Any student who has not shown an ability to act responsibly in accordance with the school discipline code may have their application to attend this activity/excursion declined.

(b) Unless otherwise indicated above, students are required to wear full school uniform.

(c) Unless otherwise indicated above, students will leave from and return to school.

(d) Self-discipline and high standards of behaviour are expected at all times.

(e) Consent note to be returned to teacher.

(f) Students should take money to the Front Office as soon as possible (under NO circumstances leave money in bags unattended). The Office is open for students to make payments before school, recess and lunch.

(g) Payment will be accepted at the Front Office on and between the following dates:

(h) Payment can be made by cash, cheque or Bankcard/Mastercard/Visa. Bankcard/Mastercard/Visa Authority below

(i) Payment can also be made online at <http://www.jamison-h.schools.nsw.edu.au>. If the online payment option is used payment needs to be made by no later than 6.00 p.m. on

(j) Refunds may not always be available upon request.

Coordinator's Signature: *Kelly*

Principal's Signature: *[Signature]* 6.11.11

Please return this permission slip section to the Supervising Teacher

I give permission for \_\_\_\_\_

to attend the activity/excursion

Included below are details of any allergies, disabilities, special needs or medication required and in the case of an emergency I give the school permission to seek medical attention from a qualified medical officer or hospital.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact phone number(s) during the excursion/activity: Daytime Ph.No.: \_\_\_\_\_

Mobile: \_\_\_\_\_

Date of last Tetanus injection: \_\_\_\_\_

Medicare No.: \_\_\_\_\_

Medical requirements/disabilities: \_\_\_\_\_

I have made an Online payment. My receipt number is: \_\_\_\_\_

Authority to debit cardholder's account (circle one): Bankcard / Mastercard / Visa

Amount to be debited: \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Cardholder (Block letters): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

For payments by credit card complete this slip below and make payment at the Front Office by \_\_\_\_\_